Name in Full Henrietta Barnes

Certificate of Death

Died at Town Elmer County Montgomery MARYLAND

Date 1900 Month Jan Day 5 Age Y. 42 M. 11 D. Native of Md Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 10

~~Husband~~ Wife of Alexander Barnes

Father's Name Basil Storrid Mother's Name Ellen Storrid

Cause of Death Primary Apoplexy 42 How long sick 6 days

Immediate Accident, Suicide, Homicide

Reported by Richard T Gott M D

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Richard Perry Budd — Certificate of Death

Died at — Town: Kensington — County: Montgomery — MARYLAND

Date 1900 — Month: Jan. — Day: 24 — Age: Y. 49 M. D. 9 — Native of: Maryland — Occupation: —

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / Number of children living

Husband / Wife of — 22a

Father's Name: Walter Budd — Mother's Name: Lizzie Budd

Cause of Death — Primary: Tuberculosis — How long sick: One week

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: Jno L. Lewis, M.D.

Address: Bethesda Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, STATE

Name in Full Clarence E. Fisher — Certificate of Death

Died at Town Great Falls County Montgomery MARYLAND

Date 1900 Month Jan Day 25 | Age Y 40 M D | Nativity of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 7

Husband ~~Wife~~ of Elizabeth Fisher 77

Father's Name Edward F. Fisher | Mother's Name Maria E. Fisher.

Cause of Death — Primary Parenchymatous Tonsilitis | How long sick 4 days

Immediate Oedema of Glottis | ~~Accident, Suicide, Homicide~~

Reported by N. J. Pratt, M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name In Full

Certificate of Death

Daniel L. Holly

Died at Town Glen County Montgomery MARYLAND

Date 189 1900 Month 1 Day 14 Age Y. 64 M. D. Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband or Wife Elizabeth Holly Skinner

Father's Name X Mother's Name X

Cause of Death Primary Tuberculosis How long sick 8 mo

Immediate X Accident, Suicide, Homicide

OVER

Reported by O. M. Linthicum M D

Address Rockville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full | Certificate of Death

Carrie Estelle Jackson

Died at Town: Rockville, County: Montgomery Co., MARYLAND

Date 1900 Month Jan Day 19 | Age Y. 14 M. 10 D. 26 | Native of Maryland | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of —

Father's Name George Wm Jackson | Mother's Name Edith Victoria Jackson

Cause of Death: Primary Typhoid fever | How long sick 19 days

Immediate Intestinal haemorrhage | ~~Accident, Suicide, Homicide~~

Reported by Wm R. Andrews, M.D.

Address Rockville, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Merhle Linthicum

Died at Town Clarksburg County Montgomery MARYLAND

Date 1900 Month 1 Day 25 Age Y. 3 M. 2 D. 1 Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~of~~ —

Wife

Father's Name George Linthicum

Mother's Name Martha Linthicum

Cause of Death

Primary Membranous Croup

Immediate Strangulation 86

How long sick 48 hrs

~~Accident, Suicide, Homicide~~

Reported by I. A. Simpers, M.D.

Address Germantown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Anna Brooke Newman.

Died at Town Olney County Montgomery MARYLAND

Date 1900 Month January Day 1 Age Y. 7 M. D. Native of Brookeville Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~ 22 f

Father's Name Geo. Newman Mother's Name Harriet Newman

Cause of Death Primary Miliary Meningeal Tuberculosis. How long sick two weeks

Immediate Como & Convulsions. Accident, Suicide, Homicide

Reported by Chas. Farquhar, M.D.

Address Olney Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Charles F Pickett

Certificate of Death

Died at Town Unity County Montgomery MARYLAND

Date ~~189~~ 1900 Month Jan Day 8 | Age Y. 59 M. D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 9

Husband / Wife of Annie Pickett

Father's Name Charles Pickett Mother's Name not available

Cause of Death: Primary Chronic Nephritis & Hypertrophied heart 97 How long sick 1 yr 3 mon

Immediate Congestion of lung with Hemorrhage

Accident, Suicide, Homicide

Reported by Dr V H Hyson

Address Laytonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full Fannie Poland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Dickerson	County	Montg		
Date of death ~~1907~~ 1910	Month: Jun	Day: 27	Age: Years 66	Months —	Days —
Sex	Female	Color or Race	White	Birthplace	Va
Occupation	Housekeeper	Where Residing if not at piece of death	Dickerson		
~~Married~~, Single ~~or Widowed~~	Single	Name of Wife or Husband	Single		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving Information	Julius Hill	How related to deceased	None		

CAUSES OF DEATH

189

PHYSICIAN OR CORONER

Primary: Found dead in bed no physician — How long

Immediate: In attendance — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. W. White

Address: Poolesville Md

~~Accident or Suicide~~

OFFICE SUPPLY CO. 8-20--08

Name in Full: Elizabeth Stevens

Certificate of Death

Died at: Town: Whites Ferry County: Montgomery MARYLAND

Date 1900 Month: Jany Day: 12 Age Y. M. D.: 58, 4. Native of: Virginia Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of John Stevens

Father's Name: John Auet Mother's Name: Elizabeth Auet

Cause of Death: Primary: Pneumonia 72 How long sick: 6 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by: B. W. Walling, M.D.

Address: Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Mattie Walker

Certificate of Death

Died at Kensington Town Montgomery County MARYLAND

Date of 1900 Month Jan Day 14 Age Y. 12 M. D. Native of Md Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name Mo J. Walker Mother's Name Lottie Walker

Cause of Death: Primary Tuberculosis 22 a 60 days How long sick

Immediate Hemorrhage, lung

~~Accident, Suicide, Homicide~~

Reported by Eugene Jones M.D.

Address Kensington, Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Geo. P. Wright

Certificate of Death

Died at Town Forest Glen County Montgy MARYLAND

Date 1900 Month Jan Day 11 | Age Y. 73 M. 3 D. | Native of N.Y. | Occupation Gentleman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 2

Husband ~~Wife~~ of X

Father's Name X

Mother's Name X

Cause of Death: Primary Hemiplegia 42 — How long sick 2 days

Immediate Apnoea — Accident, Suicide, Homicide

Reported by W. L. Lewis M D

Address Kensington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968